

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2437

State File No.

710

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2289	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1015 Canaan Ave.,				d. STREET ADDRESS (If rural, give location) 1015 Canaan Ave.,			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) E.		c. (Last) Cowling	
4. DATE OF DEATH (Month) (Day) (Year) Jan 20th 1951		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Aug 19th 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 1000 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Cemetery		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Edward Cowling		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Cowling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Cowling		ADDRESS 1015 Canaan Ave.,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arteriosclerotic hypertension, vascular disease ANTECEDENT CAUSES Cardiac decompensation DUE TO (b) Semility DUE TO (c) Semility 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 10 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		443X	
22. I hereby certify that I attended the deceased from Oct , 19 46 , to 1-20 , 19 51 , that I last saw the deceased alive on 1-19 , 19 51 , and that death occurred at 8:25pm. , from the causes and on the date stated above.							
23a. SIGNATURE John W. Enright		(Degree or title) MD		23b. ADDRESS 8212 N. Broadway		23c. DATE SIGNED 1-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/24/51		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 23 1951		REGISTRAR'S SIGNATURE B. B. Loefer		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home		ADDRESS 8319 Halls Ferry	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Wm B. Embley

Licensed Embalmer No. *13653*

P. O. Address *St Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.